PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

106.95552

CLAIMS AS FILED - PART I												
<u> </u>			(Colum	· · · · · ·	(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			1 17 1]. [RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		1 1	BASIC FE	 	OR	BASIC FEI	
TOTAL CHARGEABLE CLAIMS			/7 minus 20=		*			X\$ 9=		OR		<u> </u>
INDEPENDENT CLAIMS			₩ minus 3 =		* /			X43=	1/2	1	¥00	
MULTIPLE DEPENDENT CLAIM PI			RESENT						43	OR	700-	
*	f the differenc	e in column 1 is	less than z	ero enter	"0" in /	column 2	' <u>[</u>	+145=		OR	+290=	
	•		MENDED - PART II					TOTAL	428	OR	TOTAL	L
		(Column 1)				(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
Г		CLAIMS		HIGHE		(Coldinii o)	1 -			,		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	=		X43=		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									┨┈╏		<u> </u>
. 2 110 17								+145=		OR	+290=	
1 13 14 17							ΑŪ	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	ı <u></u>					
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF ML	Minus	***		=		X43=		OR	X86=	
	THOTTHESE	INTATION OF MIC	TETIPLE DEF	ZENDENI (LAIM			+145=		OR	+290=	
							AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
		(Column 1)	······	(Columr	1 2)	(Column 3)						
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST FR ISLY	PRESENT EXTRA	Ł	RATE	ADDI- TIONAL FEE	ſ	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	5	(\$ 9=		OR	X\$18=	_FEE_
	Independent		Minus	***		=	 	X43=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<u> </u>	\ 		OR	X86=	
* If	the ntry in colun	nn 1 is less than the	entry in colur	nn 2. write "0	" in colu	mn 3	L+	145=		OR	+290=	
***	the "Highest Nun	nber Previously Pain nber Previously Pain ber Previously Paid	d For" IN THIS d For" IN THIS	SPACE is le	ess than	20, enter "20."		TOTAL DIT. FEE		OR AL	TOTAL DDIT. FEE	
								were uppi	-pilate DUX			